

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 14, 2009
Secretary of State

DOCUMENT# N01000002816

Entity Name: ISLAND WALK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2045 ISLAND WALK DRIVE
(THIS IS A MAILING ADDRESS ONLY)
ORLANDO, FL 32824**New Principal Place of Business:****Current Mailing Address:**2045 ISLAND WALK DRIVE
(THIS IS A MAILING ADDRESS ONLY)
ORLANDO, FL 32824**New Mailing Address:****FEI Number:** 03-0454687**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TURNER, ROBERT DP
2045 ISLAND WALK DRIVE
(THIS IS A MAILING ADDRESS ONLY)
ORLANDO, FL 32824 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP/T () Delete
Name: TURNER, ROBERT
Address: 2045 ISLAND WALK DR
City-St-Zip: ORLANDO, FL 32824**Title:** DV () Delete
Name: FEWELL, PETER
Address: 2045 ISLAND WALK DR
City-St-Zip: ORLANDO, FL 32824**Title:** DS () Delete
Name: NA, NA
Address: 2045 ISLAND WALK DR
City-St-Zip: ORLANDO, FL 32824**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DS (X) Change () Addition
Name: VALLE, MICHELE
Address: 2045 ISLAND WALK DR
City-St-Zip: ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT TURNER

DP/T

07/14/2009

Electronic Signature of Signing Officer or Director

Date